

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **13255**

FILED MAY 4 1953

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 Rogers St.				d. STREET ADDRESS (If rural, give location) 509 Rogers St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE		b. (Middle) ROTE		c. (Last) GOSLIN		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 19, 1878		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Custodian of Columbia Schools		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri. U		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James D. Goslin		13b. MOTHER'S MAIDEN NAME Paralee Crosswhite		14. NAME OF HUSBAND OR WIFE Ida Pearl Boothe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles E. Goslin, Columbia, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Decompensation ANTECEDENT CAUSES DUE TO (b) Cardio-vascular-renal disease DUE TO (c) Senile debility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 6 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1947 , to April 1953 , that I last saw the deceased alive on April 20, 1953 , and that death occurred at 1:15 A m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Charles E. Goslin</i>		(Degree or title) Dr.		23b. ADDRESS 311 Christian College Ave. Columbia, Missouri		23c. DATE SIGNED 4-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. Apr 29 1953		REGISTRAR'S SIGNATURE Mrs R.E. Palmore		25. FUNERAL DIRECTOR'S SIGNATURE Carver Funeral Service Columbia Mo		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 11 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack Phillips

Licensed Embalmer No. *4897*

P. O. Address *Columbia, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.